U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E Bo Bo				
1 File Number U - 9374	2 Fiscal Year Covered From			
	1 / 2004 Through [2 / 31 / 2004			
3 Name and address of person filing	4 Name, file number, and address of tabor organization			
Name John P Tolman	Name Brotherhood of Locomotive Engineers &			
	Trainmen Labor Organization File Number			
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any			
Street 1370 Ontario Street	Street 1370 Ontario Street			
City Cleveland	City Cleveland			
State OH ZIP Code + 4 44113-1702	State OH ZIP Code + 4 44113-1720			
5 Position in labor organization Chief of Staff-Nat'l Leg. & Pol. Dir.				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)				
A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any	7 b Amount			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)				
Signed Och P. Volume	On 8/5/85 2/6-24/-2630  Bate Telephone Number			

Name of Person Filing  John P. Tolman	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)  Name United Healthcare  Trade Name, if any  PO Box, Bldg, Room No, if any PO Box 150453  Street  City Hartford  State CT ZIP Code + 4 06115-0453	9 Business deals with  a Labor Organization  b Trust  c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name  Trade Name, if any  P O Box, Bidg , Room No , if any  Street  City  ZIP Code + 4	1/28/04 Adventura FL Golf 164.78 1/30/04 Adventura FL Golf 164.78  Jeff Tolman (son) 1/30/04 Adventura FL Golf 164.78  11 b Approximate dollar value of such dealing 494.34  12 a Nature of interest held or income received			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name  Trade Name, if any  P O Box, Bidg , Room No , if any  Street  City  State  ZIP Code + 4	14 a Nature of payment  14 b Amount of payment			
13 b is the Business an Employer or Consultant ?	14 D Amount of paymont			

Name of Person Filing John P. Tolman	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)  Name Faulkner Muskovitz & Phillips  Trade Name, if any  P O Box, Bldg , Room No , if any  Street 820 Superior Ave.  City Cleveland  State OH ZIP Code + 4 44113	9 Business deals with  a Labor Organization b Trust c Employer			
10 If 9 b or 9 c. is checked give trust or employer's name  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State  ZIP Code + 4	12/23/04 Cleveland OH Gift Basket 65.00  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received			
	12 b Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (Including trade name, if any)  Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  ZiP Code + 4	14 a Nature of payment			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment			